

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00



PROFIT  
CORPORATION  
ANNUAL REPORT  
1998

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 547614

(8)

1. Corporation Name  
RAINBOW MANAGEMENT SERVICES, INC.

Principal Place of Business

C/O TONYA COLE  
110 HENWOOD ROAD, #160  
ARDEN NC 28704

Mailing Address

C/O TONYA COLE  
110 HENWOOD ROAD, #160  
ARDEN NC 28704

2. ~~RAINBOW MANAGEMENT SER~~  
(SJO-0087)  
21 ~~MAIL EXPRESS MAIL~~  
22 1641 N. W. 79th AVE.

City & State

23 MIAMI, FLA.

Zip

24 33126-1105

Country

25 U.S.A.

26 ~~RAINBOW MANAGEMENT SER~~  
(SJO-0087)  
27 ~~MAIL EXPRESS MAIL~~  
28 1641 N. W. 79th AVE.

City & State

28 MIAMI, FLA.

Zip

29 33126-1105

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

PEELE, AUSTIN S.  
327 N. HERNANDO ST.  
LAKE CITY FL 32055

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTHELOT, LARRY		1.2 NAME	
STREET ADDRESS	92 PEBBLE CREEK DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	ASHEVILLE NC 28803		1.4 CITY-ST-ZIP	
TITLE	TSD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTHELOT, BEVERLY		2.2 NAME	
STREET ADDRESS	92 PEBBLE CREEK DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	ASHEVILLE NC 28803		2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barry Berthelot*

18/3/98

704-277-0117

CR2E034 (10/97)